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BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

PLACE OF DEATH

County Greenlee State Arizona State File No. 148
 District or Township Franklin or Village Duncan Registered No. _____
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

FULL NAME James Gale, Sr.

a) Residence No. Route #1 St. _____ Ward _____
 (Usual place of abode) (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred 32 yrs. mos. 28 ds. How long in U. S. if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married
 (Write the word)
 If married, widowed, or divorced
 HUSBAND of Elizabeth Ann Gale
 (or) WIFE of _____
 DATE OF BIRTH (month, day and year) May 6, 1846
 AGE Years Months Days IF LESS than 1 day hrs. min.
82 7 6 _____

OCCUPATION OF DECEASED

a) Trade, profession, or particular kind of work Farmers
 b) General nature of industry, business or establishment in which employed (or employer)
 c) Name of employer

BIRTHPLACE (city or town) Sydney
 State or country Australia

10. NAME OF FATHER Henry Gale

11. BIRTHPLACE OF FATHER (city or town)
 (State or country) England

12. MAIDEN NAME OF MOTHER Sarah Miller

13. BIRTHPLACE OF MOTHER (city or town)
 (State or country) Holland

Informant Wm T. Gale
 Address Franklin, Ariz.

Filed Dec. 31, 1928 Eugene H. Hony
 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Dec. 12, 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1928 to Dec. 12, 1928,
 that I last saw him alive on Dec. 11, 1928

and that death occurred, on the date stated above, at 6 A. M.
 The CAUSE OF DEATH* was as follows:

Atherosclerosis of Arteries

(duration) yrs. mos. ds.

CONTRIBUTORY Senility

(duration) yrs. mos. ds.

18. Where was disease contracted

If not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. E. Neighbor M. D.Dec. 13, 1928 (Address) Duncan, Ariz.

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

12-14-28

20. UNDERTAKER

ADDRESS

none